

Entered -09-14-01 - sb
CL 01L0575 - GWENDOLYN BURNS

01- R-1631

CLAIM OF:

**TRAVELERS INDEMNITY COMPANY
OF CONNECTICUT,**
as subrogee of insured Kimberly Caldwell
P. O. Box 2954
Milwaukee, WI 53201-2954

For vehicular damages alleged to have been sustained from an
automobile accident on February 11, 2001 at Martin Luther King,
Jr. Drive & Northside Drive.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert J. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0575

Date: September 25, 2001

Claimant /Victim KIMBERLY CALDWELL
BY: (Atty) (Ins. Co.) Travelers Indemnity Company of Connecticut
Address: P.O. Box 2954, Milwaukee, WI 53201-2954
Subrogation: X Claim for Property damage \$ 7,881.51 Bodily Injury \$
Date of Notice: 9/10/01 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/11/01 Place: Martin Luther King, Jr. Drive & Northside Drive
Department POLICE Division
Employee involved Chris Valle Disciplinary Action: Recommended Oral Admonishment - Pending Review

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when it was struck by a city vehicle that "ran a red light". However, the issues of this claim have been resolved in a claim previously filed by the claimant. (See claim # 01L0149)

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

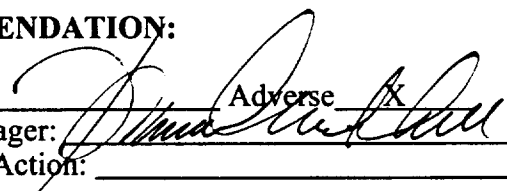
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 0926-01
Committee Action: Council Action



RECEIVED SEP 10 2001

PO BOX 2954
MILWAUKEE, WI 53201-2954
Phone: (800)624-6007
Fax: (262)827-1038

September 5, 2001

ENTERED - 9-14-01 - SB
01L0575 - GWEN BURNS

City Of Atlanta Dept Of Law
Attn: Claims Division
68 Mitchell St SW
Atlanta, GA 30335-0332

BURNS
09/10/01
Ph

RE: Subrogation Claim
Our Client: Kimberly Caldwell
Date of Loss: 02/11/2001
Our File No.: LPH2572
Your Insured: City Of Atlanta Police Dept.
Your Driver: Chris Valle
Accident Report Number: 010421644

Dear Representative;

We are managing a claim on behalf of Kimberly Caldwell, who sustained damages on 02/11/2001. Our investigation of the incident shows that your driver is liable for these damages having run a red light striking our insured.

We have made payments of \$7,381.51 for this loss. We are requesting reimbursement for that amount and Kimberly Caldwell's deductible of \$500.00 for a total of \$7,881.51.

Enclosed is proof of the damages. We expect your acknowledgment within 30 days. We will forward the deductible amount to Kimberly Caldwell.

We appreciate your prompt attention.

Sincerely,

Danette Jenkins

Danette Jenkins
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
(262) 797-1861 or 1-800-624-6007, Ext-1861

Enclosures

01- R-1631